

Tulane University Annual Report

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Project Sponsored by USAID Southern Africa:

Project: Compiling an Evidence Base for Orphans and Vulnerable Children Programming (i.e., OVC)

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Project Overview

The activities detailed here fall within the scope of the Compiling an Evidence Base for OVC Programming (hereinafter referred to as OVC project) led by Tulane University under the direction of Dr. Thurman. This annual report describes 2016 fiscal year achievements for this project.

Project Achievements in Fiscal Year 2016

The OVC project aims to provide empirical evidence that can effectively guide OVC programming and policy. This goal will be achieved primarily through three key activities: (1) Program Assessments (2) Program Enhancement and (3) Technical Assistance. All activities are underscored by a concerted effort to promote Research to Practice. Box 1 below provides a summary of Tulane University's key achievements during the period October 2015 to September 2016. The sections that follow provide further details on these accomplishments, including deliverables met, as well as important administrative and financial milestones.

Box 1. Program Achievements

Program Assessments: Tulane completed data collection and preliminary analyses for two randomized controlled trials, referred to as the *Linkages to Care* and *Coping with Loss* studies (See Box 2 & 3) and for a pilot study of the *Let's Talk* curriculum (See Box 4).

Program Enhancement: Utilizing the process evaluation results of the pilot implementation, Tulane led the revision of the *Let's Talk* curriculum for use as a family strengthening and adolescent HIV prevention initiative among vulnerable families in South Africa. To promote scale-up, Tulane trained 36 facilitators and 35 Master Trainers, and developed training and other resources to promote effective capacity in program delivery (See Box 5).

Technical Assistance: Provision of technical assistance included the review of externally contracted research reports of other OVC PEPFAR partners, collection and reporting of MER indicators for evaluation partners, and other activities that provided guidance for the collection of impact indicators.

Research to Practice: The key deliverables for FY2016 included 15 presentations to local and international stakeholders, development of six policy briefs and publication of three peer-reviewed articles. All products and presentations emphasized lessons for improved practice (See Box 6).

Program Assessments

Using rigorous study designs and typically involving multiple sites, Tulane engages in operations research in order to test the effectiveness of interventions aiming to address critical service delivery issues for OVC. Details are provided below on assessment activities completed this fiscal year for three studies.

Linkages to Care: Home Visiting in Urban Townships

Tulane prepared for follow-up data collection and performed preliminary analyses for the study “*Linkages to Care: Home Visiting in Urban Townships*,” hereinafter referred to as the *Linkages to Care* study. This study examines the effectiveness of Future Families’ holistic, family-based approach to addressing the needs of OVC by providing caregivers with information, psychosocial support, and access to external HIV and social protection services, through paraprofessional home visiting in urban township communities located in the Pretoria/Tshwane area. The study encompasses both a quasi-experimental component designed to provide rapid feedback related to implementation, and a randomized control trial (RCT) offering rigorous evidence of program impact. Further details on both methodologies are described in Box 2.

For the RCT, follow up data collection occurred in early FY2016 (November- December 2015). A total of 481 caregivers completed the baseline survey (providing information also on 1245 children) with 90% participant retention at follow-up.

Uptake of HIV testing was a primary study outcome investigated. Random effects models were used to estimate program participation effects. Preliminary data analysis from the trial was completed and shared with Future Families and other local stakeholders in 2016. Secondary analyses and manuscript preparation are ongoing.

Key findings include the following:

- At follow-up, caregivers enrolled in the home visiting program were three times as likely as those in the control group to have accessed HIV testing in the previous year.
- The program’s effect was especially pronounced among caregivers under age 35, who were ten times as likely as their control group counterparts to receive an HIV test during the study period. Caregivers’ gender was not associated with their odds of being tested, however, 83% were female.
- Children whose caregiver both participated in the home visiting program and had been tested in the previous year were more than four times as likely to access testing.

Box 2. Study Overview: *Linkages to Care*

Linkages to Care is designed to assess the effectiveness of mobilized care workers trained and supported by Futures Families to provide biweekly home visits to OVC families in Pretoria/Tshwane townships, South Africa.

The study relied on data from surveys conducted among guardians that provided information on the wellbeing of themselves, their household and each of the children under their care on a set of key program indicators pertaining to HIV prevention, psychosocial wellbeing, education, child protection, economic support, and health. Two quantitative study designs were employed:

- 1) Impact evaluation using a randomized controlled trial design in which newly program-enrolled caregivers from Mamelodi, Mamelodi East and Nellmapius were randomly assigned to participate in the program beginning in September of 2014 or to participate after the impact survey, about one year later.
- 2) A quasi-experimental study was conducted at baseline, in which survey data from 282 previously enrolled caregivers was compared to that from newly enrolled caregivers, in a separate analysis that was used to inform immediate program implementation.

FY2016 Deliverables: Follow-up data collection; data analysis; dissemination of evaluation results.

Coping with Loss: Abangane Grief Groups for Adolescent Girls in the Free State

Tulane completed quantitative data collection and preliminary analysis for the study “*Coping with Loss: Abangane Grief Groups for Adolescent Girls in the Free State, South Africa*,” hereinafter referred to as the *Coping with Loss* study. Applying an RCT design, this study examines the psychosocial impact of the eight-session Abangane bereavement support groups implemented by Child Welfare Bloemfontein & Childline Free State (CWBFN&CLFS) for adolescent girls in both rural and urban settings in Free State, South Africa. The methodology is described further in Box 3.

Data collection for the *Coping with Loss* trial began in FY2015 and was completed in FY2016. Study participants were between the ages of 12 and 17, enrolled in one of 11 schools in South Africa’s Free State Province, and had expressed interest in participating in a support group for adolescents who have experienced the loss of someone close to them. Approximately 400 adolescents and their caregivers completed a baseline survey prior to commencement of the support groups, and a follow-up survey three months after the groups’ completion. Utilizing standardized psychological scales, problematic grief and depression among participants were assessed through adolescents’ self-report, while caregivers were asked to report on the adolescents’ overall emotional and behavioral functioning. Data collection occurred in waves consistent with the term in which adolescents received the intervention. Baseline data collection was completed by March 2015 with 423 adolescents and their caregivers. Follow-up data collection was divided into three waves; two were completed in FY2015 and the final wave of data collection took place in November 2015, FY2016.

Analyses were focused on the effects of the intervention on key psychological outcomes. Preliminary impact analysis was completed and shared with CWBFN & CLFS and other stakeholders in 2016. Secondary analyses and manuscript preparation are ongoing.

Key findings include the following:

- Adolescent participants demonstrated statistically significant improvements in their psychological health compared to the wait-listed group, including decreases in problematic grief and depression symptoms, as well as reductions in internalizing and attention problems.
- Positive effects were also evident for secondary outcomes; for example, the program appeared to mitigate the worsening of caregiver-adolescent relationships.

FY2016 Deliverables: Follow-up data collection; data analysis; dissemination of evaluation results.

Box 3. Study Overview: *Coping with Loss*

Coping with Loss is mixed methods study including a randomized controlled trial designed to assess the effectiveness of a structured eight-session bereavement support group for female adolescents who have experienced the death of someone important in their lives. The intervention was conceived by Khululeka Grief Support and was adapted and implemented by Social Workers from CWBFN & CLFS in the Free State Province.

The study employs multiple research components:

- 1) Qualitative research to examine the program’s perceived effects and areas for improvement;
- 2) Cognitive interviewing with youth to improve the validity of survey measures;
- 3) An impact evaluation using a randomized controlled trial and two survey rounds among adolescents and their caregivers; and
- 4) Intervention session attendance data used to facilitate complementary intervention exposure analyses.

Strengthening Relationships and Resilience: Teenagers and Adults Learning to Communicate

Tulane completed baseline data collection and led the ongoing process evaluation for the study “Strengthening Relationships and Resilience: Teenagers and Adults Learning to Communicate,” hereinafter referred to as *the Let’s Talk Pilot* (formerly referred to as TALC). The study uses a pre-test/post-test one-group design among intervention participants, and is designed to assess the pilot implementation of the adapted Let’s Talk South Africa curriculum among caregivers and adolescents. The study engaged Let’s Talk participants served by two implementing partner organizations: the Children in Distress Network (CINDI) in KwaZulu-Natal (KZN) province and HIVSA in Gauteng. Details of the study methodology can be found in Box 4.

A total of 90 caregivers and 92 adolescents completed both baseline interviews in June 2015 and follow-up interviews in February 2016, as well as attending 50% of sessions (a requirement for the analysis sample). This pilot study offers preliminary findings suggesting that improved adolescent psychological health and reduced risk behaviors are within the program’s reach. While the lack of a comparison group limits our ability to attribute changes to Let’s Talk exposure definitely, participants demonstrated improved mental and behavioral health on a number of outcomes.

Key findings include the following:

- Significant improvements were found on indicators related to caregiver and adolescent mental health (depression, anxiety & stress).
- Significant improvements were also seen on multiple precursors of positive adolescent sexual health including: adolescents’ condom use self-efficacy; knowledge about HIV and condoms; and reported frequency of communication with caregivers about HIV, STIs, sex and condom use.

Box 4. Study Overview: *Let’s Talk Pilot*

The *Let’s Talk Pilot* study is designed to assess the initial implementation of the intervention. HIVSA and CINDI, two South African capacity building organizations with a successful track record of service delivery for HIV affected children and their families, supported trained community-based facilitators to deliver the intervention to participants at partnering community-based organizations within Gauteng and KwaZulu Natal provinces.

The study employs a mixed-methods approach with coordinated components:

- 1) Qualitative research to examine the program’s perceived effects and areas for improvement (facilitator feedback and focus groups with implementers and participants);
- 2) An outcome evaluation using a pretest-posttest survey among intervention-exposed adolescents and their caregivers; and
- 3) Monitoring data, including session-specific fidelity checklists and attendance registers to enable intervention refinement and the use of intervention exposure measures in analyses.

Results will be used to guide program expansion, with Let’s Talk expected to reach 18,000 participants in FY2017. Initial analysis and dissemination to key stakeholders occurred in late FY2017 and Tulane continues to work with Let’s Talk implementers to support ongoing program quality control, including efforts to maximize participant attendance at sessions.

FY2016 Deliverables: Follow-up data collection; data analysis; dissemination of pilot evaluation results.

Program Enhancement

Program enhancement activities conducted during the fiscal year included the adaptation of an evidence-based curriculum, development and implementation of a training-of-trainers (TOT) model. These activities respond to implementing partners' expressed programming priorities and were designed to provide targeted support for evidence-informed practice.

Curriculum Development



In FY2014 and FY2015, Tulane led the development of an evidence-informed, culturally appropriate, curriculum-based intervention, *Let's Talk*. The curriculum includes sessions for both caregivers and adolescents. It is designed to decrease HIV risk behavior and provide a foundation for prevention, including promotion of HIV testing among adolescents, improving adolescent and caregivers' mental health and enhancing communication and relationships within the family. In FY2016, Tulane focused on refining the curriculum and supporting scale up of the intervention among USAID/PEPFAR partners.

Refinement of the curriculum was based principally on findings from a process evaluation conducted throughout the pilot implementation in FY2015 and FY2016 in Gauteng and KZN. The process evaluation included a total of 300 fidelity checklists that were completed by each facilitator after every session, 36 evaluation forms completed by key program staff after each of the three phases of the intervention, 4 focus groups with facilitators, and attendance monitoring data from 12 groups. Analyses of this data informed the adaptation and development of the final curriculum available for wider dissemination and subsequently translated into two local languages. Results further suggest that the program has been well-received among beneficiaries and is feasible to implement through trained and supervised community-based social auxiliary workers.

In collaboration with the University of Pretoria, Tulane provided training to implementing partners. As part of the initial pilot study and scale-up, a total of 36 participants from HIVSA and CINDI were trained as facilitators on Phase 3 of the program in early FY2016 (October-November 2015) through separate trainings held in Gauteng and KZN. Tulane subsequently offered a three-week Trainer of Trainers to 17 participants in Gauteng and 18 participants in KZN in FY2016. Members from nine different organizations participated and were qualified as Master Trainers and have begun training hundreds of facilitators to implement the program. To ensure standardized and high quality program delivery, Tulane developed a series of resources including training DVDs and other TOT and facilitation materials, as listed in Box 5.

FY2016 Deliverables: Updated program curriculum based on process evaluation results; training of facilitators and Master Trainers; training and implementation resources (see Box 5).

Box 5. Let's Talk Resources

Implementation Materials

- Implementation Guide
- Caregiver & Adolescent Curriculum Manuals in English, isiZulu, Sesotho:
 - *Five comprehensive manuals covering all activities and materials needed for each session and including sample scripts & facilitation guidelines*
- Caregiver & Adolescent Workbooks in English, isiZulu, Sesotho:
 - *Take home workbooks with key information hand-outs*
- Template Program Attendance Registers
- Template Program Enrolment Form
- Template Program Commitment Contract
- Template Participant Program Completion Certificate

Training Resources

- 3 DVDs with 8 presentations to promote key competencies related to program content and facilitation skills
- 1 DVD with above Implementation Materials and Training resources:
 - Facilitator Training Agendas
 - Training evaluation forms
 - Template Facilitator Training Attendance Register
 - Training Hand-outs & Presentation Guidance Documents
 - Template Facilitator Training Completion Program Certificate

Technical Assistance

Evaluation Support

In FY2016, Tulane personnel provided technical review of external evaluation terms of reference (TOR) and evaluation reports, as well as support for MER reporting.

- **Isibindi Final Formative Evaluation Report:** Tulane oversaw the Isibindi formative evaluation by the Child Development Research Unit (CDRU), which was focused on the role that mentorship and training have played in reaching program expansion goals and maintaining service quality. The draft research report was submitted to stakeholders in October 2015 and the final version incorporating comments was completed in early FY2016 (November 2015).
- **REPSSI Synthesis Report Terms of Reference (TOR):** Tulane provided detailed feedback on the draft TOR for Lessons Learnt Synthesis Report for the USAID Funded REPSSI Caregiver Training Program/REPSSI Lessons Learned Documentation. (November 2015)
- **REPSSI Synthesis Report:** Tulane provided detailed feedback on the REPSSI synthesis report, concluding that it was a credible, well-documented description of the research conducted and that it could benefit from increased attention to survey data and critical analysis and showcasing of the significance of other 'buried' findings. (April 2016)
- **MER Indicators:** Tulane provided MER indicator values to CINDI and HIVSA using data collected in the *Let's Talk Pilot* and to Future Families using data from the *Linkages to Care* study (September 2016). CINDI and HIVSA received baseline and follow-up percentages (9 months post-baseline) for three indicators (caregiver knows child's HIV status; school attendance; school progression) for all participants who attended at least one program session. Futures Families received baseline and follow-up percentages (17 months post-baseline) for six MER indicators (caregiver knows child's HIV status, school attendance, school progression, child health/sickness, verified birth certificate, and early childhood stimulation) for all intervention participants enrolled in the study.

Indicator Guidance

In FY2016, Tulane personnel responded to requests by USAID Southern Africa for technical assistance with outcome and process indicators and supported survey development for the DREAMS evaluation.

- **Resilience, coping and substance use measures:** Tulane developed a memo with recommended indicators & survey measures capturing resilience, coping and substance use (July 2016)
- **Presentation to PEPFAR OVCY Technical Meeting:** *Essential Survey Indicators: Panel Discussion* (Dr. Thurman, Pretoria, November 2015)
- **DREAMS Evaluation Survey Development:** Dr. Thurman participated as a technical advisory member for the DREAMS evaluation led by Epicentre. She suggested refinements of specific indicators, additions to the overall survey content, and modifications to the methodology to ensure the evaluation collected key OVC demographics, important social risk factors, and outcomes expected from OVC partner initiatives.

Research to Practice

To facilitate evidence-based decision-making, Tulane provides local and international stakeholders with current and cutting-edge information on an ongoing basis. This was achieved in FY2016 through delivery of evaluation and baseline results and summaries of other key research and programmatic lessons at interactive workshops, presentations at national and international forums, and through research briefs and publications in peer-reviewed journals. All of Tulane's presentations are geared towards improved practice, see Box 6 for examples of programmatic implications emphasized in study dissemination activities.

Research Results and Dissemination

Impact evaluation results, other key research and programmatic guidance were shared with local and international stakeholders in the following ways in FY2016:

Sixteen presentations for programming and policy guidance were provided to local and international stakeholders, including:

- Presentations at the PEPFAR OVCY Technical Meeting, November 2015:
 - *Key Considerations – Program attendance and fidelity in structured programs* (Dr. Thurman, Pretoria, November 2015)
 - *Strengthening Relationships and Resilience: Lets' Talk overview* (Dr. Thurman)
 - Panel Discussion: *Essential Survey Indicators* (Dr. Thurman)
 - Roundtable: *Future Families Home Visiting Program Increases HIV Testing* (Dr. Thurman)
- Presentation to NACCA:
 - *Let's Talk Caregiver-adolescent intervention to improve mental health and reduce HIV risk among orphans and vulnerable youth in South Africa* (Dr. Visser, Pretoria, July 2016)
- International and local conference presentations
 - Oral presentation at the Children and HIV: Equity Now meeting that proceeded the AIDS Conference: *Coping with loss: A randomized controlled trial of a structured peer support group for bereaved female adolescents in South Africa* (Dr. Thurman, Durban, July 2016)

Box 6. Practice Emphasis

All of Tulane's presentations are geared towards using research for improved practice. Specific examples of practice related messages conveyed during dissemination of study results are highlighted below.

Coping with Loss study

- The need for effective psychological health interventions for orphans and other children affected by HIV and AIDS is high, as is the potential to positively impact their health and wellbeing. Abangane, a culturally adapted, theory-based grief support program, shows substantial promise for mitigating the psychological effects of loss among female adolescents in South Africa.
- Interventions that promote and facilitate succession planning and prepare caregivers for new caregiving burdens could mitigate child abuse. Programmers can use tools pre-tested in the survey (i.e., Zarit Burden Interview) to identify caregivers at high risk for child abuse and in need of related intervention.

Linkages to Care study

- Caregiver testing is an important precursor to child testing, and community-based home visiting programs serving vulnerable populations can effectively mobilize caregivers to access testing services for themselves and the children under their care, providing a model for HCT promotion in OVC program contexts.
- Home visiting programs should consider focusing on achieving selected and achievable outcomes and create linkages to other service providers and interventions to meet other household needs.

- Oral Presentation at 1st SA National Conference on Violence: *Caregivers' physical abuse of orphans and vulnerable children in the Free State: Correlates & programmatic recommendations* (Ms. Alex Spyrelis, Johannesburg, August 2016)
- Poster presentation at the 21st International AIDS Conference: *Home visiting increases HIV testing uptake among vulnerable children and their caregivers: Results from a randomized controlled trial in South Africa* (Durban, July 2016).
- Oral Presentation at the International Conference of the Association of Psychology and Psychiatry for Adults and Children: *Let's Talk: A family centered intervention for HIV-affected caregivers and adolescents in South Africa* (Dr. Visser, Athens Greece, May 2016).
- Presentations to study partners
 - Presentation to the Khululeka Board Meeting: *Coping with Loss: A randomized controlled trial of bereavement support groups for adolescent girls in the Free State, South Africa* (Dr. Thurman, Cape Town, July 2016)
 - Presented RCT results to Khululeka director, staff and board members during a special meeting.
 - Presentation to Child Welfare Bloemfontein: *Coping with Loss: A randomized controlled trial of bereavement support groups for adolescent girls in the Free State, South Africa* (Ms. Spyrelis, Bloemfontein, July 2016)
 - Presented RCT results to CWBFN & CLFS director, program manager, facilitators and other staff during their staff meeting.
 - Presentation at Future Families AGM: *Future Families Home Visiting Program Evaluation in Tshwane, Gauteng* (Ms. Spyrelis, Pretoria, August 2016)
 - Presented RCT results to Future Families director, staff and board members at their AGM.
 - Workshop with Future Families director and key staff members with an in-depth discussion of the abovementioned presentation, resulting in an action plan based on the results.
- Presentations at the PEPFAR OVCY Technical Meeting, September 2016, Pretoria:
 - *Home Visiting: Let's Get Focused* (Dr. Thurman)
 - *Caregiver Burden and Risk of Child Abuse* (Ms. Spyrelis)
 - *Let's Talk: Intervention Overview and Pilot Test Results* (Dr. Thurman)
- Other presentations to PEPFAR partners
 - Western Cape Annual Partners Meeting: *Strengthening Relationships and Resilience: Let's Talk overview* (Dr. Thurman, Cape Town Oct 2015)

Three Peer reviewed publications were accepted, one of which was showcased by UNAIDS:

- Thurman, T. R., Kidman, R., Carton, T. W., & Chiroro, P. (2016). *Psychological and behavioral interventions to reduce HIV risk: evidence from a randomized control trial among orphaned and vulnerable adolescents in South Africa*. *AIDS Care*, 1–8.
 - UNAIDS Science Now selected Tulane's above article from the Adolescent Risk study from more than 1000 articles to showcase on their website as part of the 3rd issue of "HIV this month": <https://scienown.unaids.org/articlelist/838?page=1>
- Taylor, T.M., Thurman, T.R., Nogela, L. (2016) *Every time that month comes, I remember: using cognitive interviews to adapt grief measures for use with bereaved adolescents in South Africa*. *Journal of Child & Adolescent Mental Health*, 28:2.
- Thurman, T. R., Luckett, B., Taylor, T., & Carnay, M. (2016). *Promoting uptake of child HIV testing: an evaluation of the role of a home visiting program for orphans and vulnerable children in South Africa*. *AIDS Care*, 28(sup2), 7-13.

Six research briefs geared to programmers and policy makers were developed based on Tulane's evaluation findings from the start of the award until the present:

- *Paraprofessional home visiting increases grant uptake: Results from a longitudinal study in South Africa.* Summary of paper published in *Children and Youth Services Review*, 2015
- *Paraprofessional home visitors deliver better quality services than volunteer-driven models: Results from a longitudinal study in South Africa.* Summary of paper published in *Vulnerable Children and Youth Studies*, 2014
- *Combined psychological and behavioural intervention package reduces sexual risk behaviour: Results from a randomized controlled trial in South Africa.* Summary of paper published in *AIDS Care*, 2016
- *HIV testing uptake is greater among orphans and vulnerable children exposed to a home visiting program: Results from a quasi-experimental study in South Africa.* Summary of paper published in *AIDS Care*, 2016
- *Home visiting increases HIV testing among caregivers of orphans and vulnerable children: Results from a randomized controlled trial in South Africa.* Summary of Conference Poster at *International AIDS Conference*, 2016
- *Structured support groups improve the psychological health of bereaved female adolescents in South Africa: Results from a randomized controlled trial in South Africa.* Summary of Oral Conference Presentation at *Children and HIV: Equity Now*, 2016

Following the official launch of the Highly Vulnerable Children Research Center in 2013, Tulane makes all research reports, peer-reviewed publications and other resources completed under this Cooperative Agreement available on the Center's website: <http://hvc-tulane.org>

Administrative

All quarterly financial reports, expenditure analyses, DATIM indicators, evaluation inventories and the annual workplan and progress report were delivered on time in FY2016. HRID and the USAID Development Experience Clearinghouse reflect Tulane's current human resources and publishing record.

Financial Details

The OVC project has maintained cost-efficiency throughout its fifth year of implementation, as detailed below.

1. Total Approved Budget: \$6,399,668 (6,720,794 with cost share)
2. Funds allocated to date: \$5,583,078
3. Total study expenditures to date (as of Sept 30, 2014): \$4,792,487
4. Balance of Obligation (as of Sept 30, 2014): \$790,591
5. Balance of Approved Budget Remaining / Eligible to be requested: \$816,590
6. Tulane Cost Share contributions to date (as of Sept 30, 2012): \$215,113